

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AKR/AM		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	=T	1021 1127	07/06/01
RESPONSE FORMALITY REVIEW	=S		10/15/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	V 19/13/03
2	V
3	O
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6	V
7	O
8	V
9	V
10	V
11	V
12	O
13	O
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21	V
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32	V
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 159 claims or 10 actions  
staple additional sheet here

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